

State of California
Department of Health Services

March 25, 2003

N.L.: 03-0303
Index: Eligibility

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL
CONSULTANTS, AND STATE CHILDREN MEDICAL SERVICES (CMS)
BRANCH STAFF

SUBJECT: UPDATE OF TABLE 1 (FAMILY SIZE AND ANNUAL INCOME LEVEL
CHART) -CHAPTER 6 - CCS RESIDENTIAL AND FINANCIAL
ELIGIBILITY- MEDI-CAL YEAR 2003 FEDERAL POVERTY LEVEL
CHART

This is to transmit revised Table 1, Family Size and Annual Income Level Chart effective April 1, 2003. Please replace this version of Table 1 in Chapter 6 of your CCS Manual of procedures so that current information is used to determine whether an applicant/client is required to pay an enrollment and/or assessment fee. The income amounts used in revising Table 1 were published in the Federal Register (Volume 68, Number 26) on February 07, 2003. In addition, a copy of the Medi-Cal "2003 Federal Poverty Level Chart" has been enclosed to provide information on the poverty ceilings for the Medi-Cal percentage programs. This information is being provided to assist county CCS offices in making referrals to the Medi-Cal Program.

As a reminder, since the "sliding fee scale" has not yet been changed in regulations please refer to CCS policy communicated in N.L. 20-1101 to ensure that enrollment fees are not charged to families that are under 200 percent of FIG.

If you have any questions regarding this information, please contact your CMS Regional Office Consultant.

Original Signed by Maridee Gregory, M.D.

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Children's Medical Services Branch

Enclosures



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The following table provides information on 100% and 200% Federal Poverty Levels (FPL) based on family size and income for use in making a CCS program fee assessment determination. **Please note: All applicable fees are per family, not per eligible child.**

6.4

TABLE I - FAMILY SIZE AND ANNUAL INCOME LEVEL CHART
(EFFECTIVE APRIL 1, 2003)

Family Size	100% OF FPL If the State AGI of the family is more than this amount a \$20 fee must be paid	200% OF FPL If the federal total gross income of the family is less than this amount there is no enrollment fee, but referral to Medi-Cal* should be considered
1	\$ 8,980	\$ 17,960
2	12,120	24,240
3	15,260	30,520
4	18,400	36,800
5	21,540	43,080
6	24,680	49,360
7	27,820	55,640
8	30,960	61,920
9	34,100	68,200
10	37,240	74,480
More than 10	\$3,140 per add'l member	\$6,280 per add'l member

* Medi-Cal eligibility is based on program linkage, family income and assets. A child can always be eligible if otherwise the family is residentially and financially eligible. CCS offices must refer a child to Medi-Cal if they are eligible based on income or there is program linkage which is medically related. Medical indicators that should be considered when reviewing a case is whether the child is disabled, or may qualify for presumptive disability, receives or requires dialysis or total parenteral nutrition, and/or is in a hospital for at least 30 days or is expected to stay there for more than 30 days.

** Please refer to the sliding fee scale to determine the appropriate enrollment fee the CCS family must pay.

**California Children Services
Annual Enrollment Fee Schedule (2003)**

Gross Income	1 or 2	3	4	5	6 or more
\$ 0-24,999	0	0	0	0	0
\$25,000-29,999	120	60	0	0	0
\$30,000-34,999	180	120	60	0	0
\$35,000-39,999	240	180	120	60	0
\$40,000-44,999	360	300	240	180	120
\$45,000-49,999	480	420	360	300	240
\$50,000-54,999	600	540	480	420	360
\$55,000-59,999	720	660	600	540	480
\$60,000-64,999	840	780	720	660	600
\$65,000-69,999	960	900	840	780	720
\$70,000-74,999	1,080	1,020	960	900	840
\$75,000-79,999	1,200	1,140	1,080	1,020	960
\$80,000-84,999	1,320	1,260	1,200	1,140	1,080
\$85,000-89,999	1,440	1,380	1,320	1,260	1,200
\$90,000-94,999	1,560	1,500	1,440	1,380	1,320
\$95,000-99,999	1,680	1,620	1,560	1,500	1,400

For incomes over \$99,999, for each subsequent income increment of \$5,000, increase the above fees by \$120.00.

MEDI-CAL 2003 FEDERAL POVERTY LEVEL CHART
Effective 4/1/2003

Persons	Monthly MMNL(\$)	MMNL as % of FPL	100% (\$) Monthly	Annual (\$) 100% FPL	120% Monthly(\$)	133% Monthly(\$)	185% Monthly(\$)	200% Monthly(\$)	250% Monthly(\$)
1	600	81	749	8,980	898	996	1,385	1,497	1871
2	750	75	1010	12,120	1,212	1,344	1,869	2,020	2525
2 Adults	934	93	1010	12,120	1,212	1,344	1,869	2,020	2525
3	934	74	1,272	15,260	1,526	1,692	2,353	2,544	3180
4	1,100	72	1,534	18,400	1,840	2,040	2,837	3,067	3834
5	1,259	71	1,795	21,540	2,154	2,388	3,321	3,590	4488
6	1,417	69	2,057	24,680	2,468	2,736	3,805	4,114	5142
7	1,550	67	2,319	27,820	2,782	3,084	4,289	4,637	5796
8	1,692	66	2,580	30,960	3,096	3,432	4,773	5,160	6450
9	1,825	65	2,842	34,100	3,410	3,780	5,258	5,684	7150
10	1,959	64	3,104	37,240	3,724	4,128	5,742	6,207	7759
For each additional member add:	14		262	3,140	314	349	485	524	655

\$35 = for Resident in LTC Facilities
MMNL = for Medically Needy Program

100% FPL = for Qualified Medicare Beneficiary (QMB) Program; and
= for Children Ages 6 up to 19 Percent Program; and
= for FPL Program for Aged and Disabled; and
< for Section 1931 Applicants and for Certain Recipients

120% FPL < for Specified Low Income Beneficiaries

Notes:

"=" means: eligibility if budget unit income is equal to or less than income limit.

"<" means: eligibility if budget unit income is less than income limit.

Figures in above chart are rounded up to next dollar where necessary.

133% FPL = for children Ages 1 Up to Age 6

185% FPL = for Transitional Medi-Cal (TMC) Program

200% FPL = for Qualified Working Disabled Individuals; and
= for Pregnant Women and Infants up to Age 1 (disregard is in 200% FPL)

250% FPL = for Healthy Families Program, and for Working Disabled Program